

<i>SERFF Tracking Number:</i>	<i>SHEL-125525005</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>## \$50</i>
<i>Company Tracking Number:</i>	<i>03M27208</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0002 Mobile Homeowners</i>
<i>Product Name:</i>	<i>MHO</i>		
<i>Project Name/Number:</i>	<i>Aufranc/</i>		

## Filing at a Glance

Company: Shelter Mutual Insurance Company

Product Name: MHO

TOI: 04.0 Homeowners

Sub-TOI: 04.0002 Mobile Homeowners

Filing Type: Form

SERFF Tr Num: SHEL-125525005 State: Arkansas

SERFF Status: Closed

Co Tr Num: 03M27208

Co Status:

Authors: Brian Marcks, Sue  
Burlingame

Date Submitted: 03/06/2008

State Tr Num: ## \$50

State Status: Fees verified

Reviewer(s): Becky Harrington,  
Betty Montesi, Brittany Yielding

Disposition Date: 03/07/2008

Disposition Status: Approved

Effective Date Requested (New): 07/27/2008

Effective Date Requested (Renewal): 07/27/2008

Effective Date (New): 07/27/2008

Effective Date (Renewal):  
07/27/2008

State Filing Description:

## General Information

Project Name: Aufranc

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 03/07/2008

State Status Changed: 03/07/2008

Corresponding Filing Tracking Number:

Filing Description:

With this filing Form B-422.33-B, Mobile Homeowners Earthquake Endorsement (Extension of Coverages A, B, and C) has been revised.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: SHEL-125525005 State: Arkansas  
Filing Company: Shelter Mutual Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: 03M27208  
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners  
Product Name: MHO  
Project Name/Number: Aufranc/

Brian Marcks, Coordinator of Insurance BCMarcks@shelterinsurance.com  
Department Affairs  
1817 West Broadway (573) 214-4165 [Phone]  
Columbia, MO 65218 (573) 446-7317[FAX]

**Filing Company Information**

Shelter Mutual Insurance Company CoCode: 23388 State of Domicile: Missouri  
1817 West Broadway Group Code: Company Type:  
Columbia, MO 65218 Group Name: State ID Number:  
(573) 445-8441 ext. [Phone] FEIN Number: 43-0613000  
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SERFF Tracking Number: SHEL-125525005 State: Arkansas  
Filing Company: Shelter Mutual Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: 03M27208  
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners  
Product Name: MHO  
Project Name/Number: Aufranc/

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shelter Mutual Insurance Company	\$0.00	03/06/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1363359	\$50.00	03/04/2008

<i>SERFF Tracking Number:</i>	<i>SHEL-125525005</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>03M27208</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0002 Mobile Homeowners</i>
<i>Product Name:</i>	<i>MHO</i>		
<i>Project Name/Number:</i>	<i>Aufranc/</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Becky Harrington	03/07/2008	03/07/2008

*SERFF Tracking Number:*      *SHEL-125525005*

*State:*      *Arkansas*

*Filing Company:*      *Shelter Mutual Insurance Company*

*State Tracking Number:*      *#? \$50*

*Company Tracking Number:*      *03M27208*

*TOI:*      *04.0 Homeowners*

*Sub-TOI:*      *04.0002 Mobile Homeowners*

*Product Name:*      *MHO*

*Project Name/Number:*      *Aufranc/*

## **Disposition**

Disposition Date: 03/07/2008

Effective Date (New): 07/27/2008

Effective Date (Renewal): 07/27/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SHEL-125525005</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>03M27208</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0002 Mobile Homeowners</i>
<i>Product Name:</i>	<i>MHO</i>		
<i>Project Name/Number:</i>	<i>Aufranc/</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Mobile Homeowners Earthquake Endorsement (Extension of Coverages A, B, and C)	Approved	Yes

SERFF Tracking Number:	SHEL-125525005	State:	Arkansas
Filing Company:	Shelter Mutual Insurance Company	State Tracking Number:	#? \$50
Company Tracking Number:	03M27208		
TOI:	04.0 Homeowners	Sub-TOI:	04.0002 Mobile Homeowners
Product Name:	MHO		
Project Name/Number:	Aufranc/		

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Mobile Homeowners Earthquake Endorsement (Extension of Coverages A, B, and C)	B-422.33-B		Endorsement/Amendment/Conditions	Replaced Form #:0.00 B-422.25-B Previous Filing #:		B-422.33-B (Mobile Homeowners Earthquake Endorsement).pdf

**MOBILE HOMEOWNERS EARTHQUAKE ENDORSEMENT**  
**(EXTENSION OF COVERAGES A, B, and C)**

**WHAT WE INSURE UNDER THIS EXTENSION OF COVERAGES**

For the additional premium paid, **we** agree to extend Coverages A, B, and C to **accidental direct physical loss** caused by **earthquake**, subject to all the terms and conditions of those coverages except as modified by this endorsement.

**EXCLUSIONS TO THIS EXTENSION OF COVERAGES**

For **claims** made under this endorsement **we** will apply all exclusions related to any applicable coverage except exclusion 2 under the heading: "EXCLUSIONS". The following exclusions are added and will also apply to **claims** made under this endorsement:

**ADDITIONAL EXCLUSIONS UNDER SECTION I**

**We** do not cover any loss or damage if it would not have occurred in the absence of any event or condition listed below. That loss or damage is excluded from coverage regardless of:

- (a) the proximate cause of that event or condition;
- (b) the efficient proximate cause of that event or condition;
- (c) the fact that other events or conditions, which are not excluded, caused the loss or damage;
- (d) the fact that other events or conditions, which are not excluded, contributed to the loss or damage;
- (e) the sequence of the events or conditions that caused the loss or damage;
- (f) whether the events and conditions that caused the loss or damage occurred suddenly or gradually;
- (g) whether the loss or damage is isolated or widespread;
- (h) whether the loss or damage arises from natural forces or human forces or a combination of such forces; or
- (i) whether the loss or damage was caused by internal forces, external forces, or a combination of such forces.

1. Movement of materials that support, or surround, a structure, unless it is caused directly by an **earthquake**.
2. The sinking, rising, shifting, expanding, or contracting, of earth, or any other supporting or surrounding material, unless it is caused directly by an **earthquake**.
3. Landslides, sinking of ground, subsidence, or erosion, unless it is caused directly by an **earthquake**.
4. Flood or tidal wave, irrespective of its cause and irrespective of the fact that an **earthquake** contributed to its cause.
5. Volcanic explosions, lava flow, mudflow, or mudslides, irrespective of its cause and irrespective of the fact that an **earthquake** contributed to its cause.
6. Movement of materials surrounding covered property resulting from improper construction or compaction, or improper site selection, irrespective of the fact that an **earthquake** contributed to its movement.

**We** do cover **accidental direct physical loss** caused by fire, if that fire occurs subsequent to any of these causes.

**We** do not cover damage caused by any **earthquake** or aftershock that occurs after the expiration of this policy.

**We** do not cover any cost:

1. required to replace, rebuild, stabilize, or otherwise restore, supporting, or surrounding, material, irrespective of the fact that an **earthquake** necessitated such replacement, rebuilding, stabilization or restoration;
2. associated with any repair technique designed to compensate for, or prevent, the instability of supporting, or surrounding, material, irrespective of the fact that an **earthquake** necessitated such repair technique.

**HOW WE WILL SETTLE CLAIMS MADE UNDER THIS EXTENSION OF COVERAGES**

**We** will settle all **claims** made under this endorsement in accordance with the section of the policy headed: "SPECIAL PROVISIONS AND CONDITIONS RELATING TO SECTION I, 2. How Losses Under Section I Are Settled" except that **we** will apply the **deductibles** set out in this endorsement and not those set out in the policy.

**DEDUCTIBLES THAT APPLY TO THIS EXTENSION OF COVERAGES**

The **deductibles** stated in the policy and all provisions related to that **deductible** do not apply to **claims** made under this endorsement.



When paying **claims** made under this endorsement, **we** will apply a separate **earthquake deductible** to all **claims** paid under each specific coverage. This is a different method of applying **deductibles** than that used under other portions of this policy and is used only for **earthquake** related **claims**.

(For example: if the limit of Coverage A were \$50,000, the limit of Coverage B \$5,000, the limit of Coverage C \$27,500; and the **deductible** percentage shown in the **Declarations** for this endorsement were 15%; a separate **earthquake deductible** for Coverage A **claims** of \$7,500 would be applied; a separate **earthquake deductible** for Coverage B **claims** of \$750 would be applied; and a separate **earthquake deductible** of \$4,125 for Coverage C **claims** would be applied.)

#### ADDITIONAL DEFINITIONS USED IN THIS EXTENSION OF COVERAGES

All of the definitions stated in the policy apply to **claims** made under this endorsement and, in addition, the following definitions are added:

1. **Earthquake** means seismic event consisting of one or more scientifically measurable tremors or shocks. All such tremors or shocks that occur within any period of seventy-two hours constitute a single **earthquake** under the terms of this endorsement.
2. **Earthquake deductible** means the specified percentage of the coverage amount shown in the **Declarations** related to this endorsement.

B-422.33-B

<i>SERFF Tracking Number:</i>	<i>SHEL-125525005</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shelter Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>03M27208</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0002 Mobile Homeowners</i>
<i>Product Name:</i>	<i>MHO</i>		
<i>Project Name/Number:</i>	<i>Aufranc/</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	03/07/2008
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### Comments:

Please see attachments.

### Attachments:

ARPCTD-1 \_MHO\_ Earthquake 02-20-2008.pdf  
ARPCFFS-1 \_MHO\_ Earthquake 02-20-2008.pdf

# Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>		<b>2. Insurance Department Use only</b>				
		a. Date the filing is received:				
		b. Analyst:				
		c. Disposition:				
		d. Date of disposition of the filing:				
		e. Effective date of filing:				
		New Business				
		Renewal Business				
		f. State Filing #:				
g. SERFF Filing #:						
h. Subject Codes						
<b>3. Group Name</b>		<b>Group NAIC #</b>				
Shelter Insurance Companies		123				
<b>4. Company Name(s)</b>		<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
Shelter Mutual Insurance Company		MO	23388	43-0613000		
<b>5. Company Tracking Number</b>		<b>03M27208</b>				
<b>Contact Info of Filer(s) or Corporate Officer(s)</b> [include toll-free number]						
<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>		
Brian Marcks	Coordinator of Insurance Dept. Affairs	573-214-4165	573-446-7317	BCMarcks@Shelterinsurance.com		
1817 West Broadway Columbia, MO 65218						
<b>7. Signature of authorized filer</b>						
<b>8. Please print name of authorized filer</b>		Brian Marcks				
<b>Filing information</b> (see General Instructions for descriptions of these fields)						
<b>9. Type of Insurance (TOI)</b>		04.0				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>		04.0002 Mobile Homeowners				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>						
<b>12. Company Program Title</b> (Marketing title)		Mobile Homeowners				
<b>13. Filing Type</b>		<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)				
<b>14. Effective Date(s) Requested</b>		New:	July 27, 2008	Renewal:	July 27, 2008	

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	N/A
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	N/A
<b>18.</b>	<b>Company's Date of Filing</b>	March 6, 2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	03M27208
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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With this filing Form B-422.33-B, Mobile Homeowners Earthquake Endorsement (Extension of Coverages A, B, and C) has been revised.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> <b>Check #:</b>    1363359  <b>Amount:</b>    \$50.00         </div> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

**\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

## **These pages are informational only and do not need to be submitted with your filings!**

### **Notes for Uniform Property & Casualty Transmittal Document**

#### **DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT**

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
  - a. Date the filing is received by the Insurance Dept.**
  - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
  - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
  - d. Date of Disposition of the filing**—date filing is finished
  - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
  - f. State Filing #:** The number the state assigns to the filing (if applicable).
  - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
  - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

**14. Effective Date Requested:** This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

**15. Reference Filing:** Yes/No

**16. Reference Organization (if applicable):** The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

**17. Reference Organization Number & Title (if applicable):** This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

**18. Company’s Date of filing:** The date the company sends the filing.

**19. Status of filing in domicile:** Place for the company to show if filing has been filed in domicile and its status.

**20. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

**21. Filing Description:** This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

**22. Filing Fees:** Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	03M27208			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	03M27108			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Mobile Homeowners Earthquake Endorsement (Extension of Coverages A,B,and C)	B-422.33-B	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	B-422.25-B	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Effective March 1, 2007

**This page is informational only and do not need to be submitted with your filings!**

**Notes for Form Filing Transmittal**  
**DESCRIPTION OF ITEMS IN THE FORM FILING SCHEDULE**

**FORM FILING SCHEDULE**

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.